2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MA

ANNUAL REPORT FILED DOCUMENT # L00000013621 Apr 29, 2005 08:00 AM Secretary of State 1. Entity Name FLORIDA INVESTMENT GROUP II, L.L.C. Mailing Address Principal Place of Business 151 REGIONS WAY 151 REGIONS WAY SUITE 4A SUITE 4A DESTIN, FL 32541 DESTIN, FL 32541 04262005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3678556 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent HUSTON, GARY W DO NOT WRITE 125 WEST ROMANA STREET, SUITE 800 PENSACOLA, FL 32501 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida | 1 am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent aignature required when retristating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE TUFTS, ROBERT NAME U00000344401 46 PINE CREST DR STREET ADDRESS 04/29/05-80135-018 50.00 COVINGTON, LA 70433 CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HDE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I heraby certify that the information sypplied with this filing does not builtify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trusted empowered they use this report as required by Chapter 608. Florida Statutes

AGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/05

985.727. 2177

Davima Phone #